

Arizona State Board of Occupational Therapy Examiners
5060 N. 19th Ave., Ste. 209
Phoenix, Arizona 85015
Phone (602) 589-8352

Website: www.occupationaltherapyboard.az.gov

COMPLAINT FORM

Complainant Information (Person Filing Complaint):

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code _____

Phone Number where you wish to be contacted: _____

Your Complaint is Filed Against (Respondent):

Respondent Name: _____

Respondent Address: _____

City: _____ State: _____ Zip Code _____

Respondent Phone Number: _____

COMPLAINT FACTS:

Be sure to include complaint facts including: dates, times and locations of incidence; statements made; and any behaviors which were observed. (You may attach a letter if additional paper is needed).

WITNESS INFORMATION:

Be sure to include witness names, addresses and telephone numbers, and statements regarding incident.

SUPPORTING DOCUMENTATION:

Please include copies of relevant supporting documentation such as client record including client name and/or notes, incident reports, memos, written statements, etc.

NOTE: Please be advised that the applicant/licensee may be furnished a copy of the complaint. However, if the disclosure of your name will pose a risk to you, a copy of the complaint with redacted ID information may be provided. If in the Board's discretion, there is a risk of identification, the Board reserves the right to refuse furnishing a copy of the complaint.

I hereby state that all information which I have given herein is true and correct to the best of my knowledge.

Signature

Title II of the Americans with Disabilities Act prohibits the Board of Occupational Therapy Examiners from discriminating on the basis of disability in its complaint process. Individuals with disabilities who need this information in an alternate format or who require an accommodation to file a complaint may contact Linda Wells, Executive Director to make their needs known.